FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

L		1996	······································		DIVISIO	N OF COP	RPORATI	ONS					
D 1.	OCU Corporatio	MENT on Name	# N94	00000	5109	(3)		_	· · · · · · · · · · · · · · · · · · ·				
	PASS	ION MINI	STRIES, INC.										
											ii ba hii balii ba	H 8416 H	DH Fa il a (Bh 200)
Prir	ncipal Plac	e of Business	3	Mai	ing Address								
	100 CALH LOUNTSTO	OUN AVE OWN FL 3242	4	BC	OUTE 1 OX 17-B THA FL 32421					Date Incorporated or Qualified	3a. Date	of Last	l Report
2. 1	Principal P	lace of Busin	229	30.1	Anitimes Antalana					10/17/1994	(5/01/	1995
21		1000 01 00011	000	<u> </u>	Mailing Address	3				4. FEI Number		ΤÌ	Applied For
_	Suite, Apt.	#. etc.		26	North and all the					59-3249728		$_{-}\Box$	Not Applicable
22	Dity & Stat			27	Suite, Apt. #, et	C.	<u>-</u>			5. Certificate of Status Desired			5 Additional Required
23	Zip	···		28	ity & State					Election Campaign Financing Trust Fund Contribution			0 May Be
24			Country 25	<u> </u>	lip qi	<u> </u>	Country			8. This corporation has liability for i	ntangible tax		
		9. Name	and Address of C	29	rad Agant	30				Florida Statutes]Yes □ N	lo	,
		<u> </u>		ottork trograte	ied Agent		81	Name		10. Name and Address of New R	egistered A	ent	
	FOLK, J	neres					["]	Name					
_		1, BOX 176	•				82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)		
•		1, BOX 170 FL 32421	•				83			· · · · · · · · · · · · · · · · · · ·			
;	ALITIM	FL 32421					63						
•							84	City				85 Zij	o Code
11.	Pursuant 1	to the provision	ons of Sections 617	.0502 and 617.	508. Florida St	atutes the	above-n	amod o	oroorati	on a through this state	<u> </u>		
	or•register familiar wi	red agent, or ith, red accer	both, in the State of	Florida, Such c	nange was auti	norized by t	the corpo	oration's	board of	on submits this statement for the purp of directors. I hereby accept the appo	oose of chang Intment as re	ging its r oistered	egistered office
SIGN	NATURE			0001101101100	oo, rionda otal	ioles.					,		,
		algridions, type 13	ione of registere	d agent and tite if appl	catile	(NOTE: Regis	stored Agent	. signature i	required wh	nen reinstating)	DATE		
12.			OFFICER	S AND DIRECTO)RS		13.			ADDITIONS/CHANGES TO OFF		IDECTO	DO IN 10
TITLE		D			DEFELE		1.1 TITLE		13	ecreatory		Change	Addition
NAME			JIMMY C				12 NAME				L1	- nango	po nasilion
	TADDRESS		1, BOX 17B				1.3 STREET A	ADDRESS	3	ckey HARMON			
	ST-ZIP	_ALTHA_F	L 32421				1.4 CITY - ST	-ZIP	ĺĝ	Rountstown, Fl	35000		
TITLE		D			DELETE		2.1 TITL€			(County 5 (County), 1-1	-30/19 d	Change	Addition
NAME	j		PATSY C			[2	2.2 NAME				u	eurgu	notified
STAEE	T ADDRESS	ROUTE	1, BOX 17B			1 2	2 3 STREET A	ADDRESS					
CITY-	ST-ZIP	ALTHA F	L 32421				2. 4 CITY-ST						
TITLE	ľ	D			DELETE		3.1 TITLE		†		<u> </u>	Change	Addition
NAME			Donnie e			3	1.2 NAME				الــا	ocianiĝo	T Vention
STREET	ADDRESS	2033 DE	SOTO AVENUE			3	3 STREET A	ODRESS					

***61.25 CITY-ST-ZIP **BLOUNTSTOWN FL 32424** 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNA	TU	IRE:
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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TATLE

NAME

SNEADS FL 32460

SNEADS FL 32460

RIDLEY, HAROLD D

ROUTE 1, BOX 16

RIDLEY, KATHY

ROUTE 1, BOX 16

2033 DESOTO AVENUE

BLOUNTSTOWN FL 32424

FOLKS, LISA L

LIKEY TOMM SOCILLATORY

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CHY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

4/26/96 904 674-8437

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Change

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Addition

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